

3. Describe your background in the sport that you wish to coach.

4. Have you ever been fingerprinted for the purposes of obtaining employment with a New York State public school district?

Yes No

If yes, Date _____ School District _____

If no, please note that the New York State Education Department requires a processing fee from the applicant for fingerprinting. Please contact the District Office to set up an appointment if you have not been fingerprinted.

5. Please review the following coaching certification requirements (Please check all that apply and attach a copy of the documentation)

I am a Certified Physical Education Teacher

I am a Certified Teacher

I have current certification in an approved First Aid Course
Date completed _____ (Good for 3 years)

I have current certification in an approved CPR/AED Course
Date completed _____ (Good for 2 years)

I have been fingerprinted

I have completed the Child Abuse and Recognition Workshop

I have completed the Violence Prevention Workshop

I have a temporary coaching license

I have a professional coaching license

I have completed the Philosophy and Principle of Coaching Course

I have completed the Theories and Techniques of Coaching Course

I have completed the Health Sciences Course

None of the Above

6. Professional References (List 3)

<u>Name</u>	<u>Position/Address/Phone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant

Date

Please return application to:

Mr. Gary Williams
Director of Athletics
Walton Central School
47-49 Stockton Ave.
Walton, NY 13856